	SECR	ET ()	17	SÉ	P	69		. !					
SECTION I REQUEST	FOR CHANGE OR ISSUANCE OF HO	SPITALIZATION IDENTIFI				•				į.			
NAME OF EMPLOYEE (Last-first	NAME OF EMPLOYEE (Last-first-middle) DATE OF BIRTH (mo-da-yr)				yr)	1							
						: .	.1						
TYPE OF CARD REQUESTED	CARD FOR USE BY	TYPE OF CARD NOW HELD		DISPOSIT	ION OF	CARD	HOW					;	
GEHA NACS	SELF SPOUSE	GEHA N	vcs	DIV. WILL RETAIN		rain					1		
AGE MONE	E BOTH	AGE N	ONE	TO BE DESTROYED									
REASON FOR CHANGE		<u> </u>		DATE OF CHANGE							:		
BEING PLACED UNDER COV	ER BEING REMOVE	D FROM COVER											
CHANGING COVER		DOMESTIC TOY TRAVEL	L			· ;							
OTHER (Specify):	erander er en	n de la companya de No companya de la co	0.00			, ;					•	•	
DATE OF REQUEST SIGN	ATURE OF REQUESTING OFFICIAL	OFFIC			7	NS I ON							
ng nga													
SECTION 11	CENTRAL COVER STA	AFF CONCURRENCE		,,	- •								
CONCUR. NO COVER	OBJECTION.											•	
DISAPPROVED. INCO	MPATIBLE WITH COVER STATUS.											,	
DATE	SIGNATURE OF CENTRAL COVER S	TAFF REPRESENTATIVE		DECL	ASS	IF1	E D	AN	D R	ELE	AS	E D	B.
			•	CENT	RAL	. IN	ITEL	LI	6 E I	I C E	A G	EN	I C
	INSURANCE BRANC	1 CONCIEDENCE		90 y R	CES	MET	HUC	SE	XEM	PT	1 0 N	3 8	2 1
SECTION III	INSURANCE BRANC	CONCORNEROE	· 	NAZ I BATE			IME	5 0	I S C	L 0 9	SUR	E A	1 C
APPROVED. HOSPITAL	IZATION CARD ATTACHED.	r	٠,	DAIL	2.0	U D .							
DISAPPROVED.		٠.			:	••				,			
REASON FOR DISAPPROVAL					<i>,</i> :				-		•		
. EMPLOYEE NOT ENROLLED	EMPLOYEE HAS HOS	PITALIZATION FOR SELF ON	LY		NO I	RECORD	•	1					
OTHER (Specify):			•						,				
SECTION IV	ACKNOWLEDGNI	ENT OF CARD											
DATE	SIGNATURE OF EMPLOYEE							1					
											٠.		
FORM 2688	SEC	RET GROUP 1 SECOND FROM APP	4	- OR 16	SINAT	OR'S	COP.	l T	`			٠	

,								
SECTION 1 REQUEST FOR CHANGE OR ISSUANCE OF HOSPITALIZATION IDENTIFICATION CARD								
NAME OF EMPLOYEE (Lost-first-m		DATE OF BIRTH (mo-de-yr)						
GIONYANO, Mario E.	•	Sept. 15, 1904						
TYPE OF CARD REQUESTED	DISPOSITION OF CARD NOW HELD							
GEHA NACS	GEHA NACS SELF SPOUSE GEHA NACS							
X AGE NONE	вотн	AGE	A HONE	TO BE DESTROYED				
REASON FOR CHANGE BEING PLACED UNDER COVER		DATE OF CHANGE						
l <u> </u>								
CHANGING COVER	ON CONSTANT D	OMESTIC IDT THAT	/EL					
OTHER (Specify):	·			·				
DATE OF REQUEST SIGNAT	URE OF REQUESTING OFFICIAL		OFFICE	EXTENSION				
	SB/Suppor	s Staff	SB/0/PT	6587				
SECTION II	CENTRAL COVER STAF	F CONCURRENCE						
CONCUR. NO COVER OB	JECTION. Atible with cover status.							
DATE	SIGNATURE OF CENTRAL COVER ST	AFF REPRESENTAT	IVE					
SECTION 111	INSURANCE BRANCH	CONCURRENCE						
APPROVED. HOSPITALIZ	ATION CARD ATTACHED.	. 						
DISAPPROVED.								
REASON FOR DISAPPROVAL	,							
EMPLOYEE NOT ENROLLED	EMPLOYEE HAS HOSP	ITALIZATION FOR	SELF ONLY	NO RECORD				
OTHER (Specify):				and the second second				
SECTION 1V	ACKNOWLEDGHER	IT OF CARD						
DATE	SIGNATURE OF EMPLOYEE		· · · · · · · · · · · · · · · · · · ·					
								

FORM 2688

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